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Robert D. Shedd, Patent Operations
THOMSON Licensing LLC
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Joel Fogelson (Depositor's name)
[Signature] (Signature)
February 16, 2011 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/475,448	12/30/1999	David Johnston LYNCH	RCA-89-385	6337

TITLE OF INVENTION: RATINGS CONTROL SYSTEM WITH TEMPORARY OVERRIDE CAPABILITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	02/16/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHANG, ANNAN Q	2424	725-025000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Robert D. Shedd

2 Harvey D. Fried

3 Joel M. Fogelson

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Thomson Licensing

(B) RESIDENCE (CITY AND STATE OR COUNTRY)
Boulogne Cedex, France

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name Joel M. FogelsonDate February 16, 2011Registration No. 43,613

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